



Atty. Dkt. No. 016907-1044

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Applicant: Tokihiko ISE
Title: IMAGE FORMING APPARATUS
Appl. No.: 09/506,327
Filing Date: 02/18/2000
Examiner: Q. Grainger
Art Unit: 2852

AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is Amendment A in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	22	22	0	x	\$18.00	=	\$0.00
Independents:	4	3	1	x	\$80.00	=	\$80.00
First presentation of any Multiple Dependent Claims:				+	\$270.00	=	\$0.00
CLAIMS FEE TOTAL:						=	\$80.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

A

Extension for response filed within the first		
<input type="checkbox"/>	month:	\$110.00
		\$0.00
Extension for response filed within the second		
<input type="checkbox"/>	month:	\$390.00
		\$0.00
Extension for response filed within the third		
<input type="checkbox"/>	month:	\$890.00
		\$0.00
Extension for response filed within the fourth		
<input type="checkbox"/>	month:	\$1,390.00
		\$0.00
Extension for response filed within the fifth		
<input type="checkbox"/>	month:	\$1,890.00
		\$0.00
	EXTENSION FEE TOTAL:	\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:	\$80.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$80.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$80.00 . A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$80.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 7/18/01

FOLEY & LARDNER
 Washington Harbour
 3000 K Street, N.W., Suite 500
 Washington, D.C. 20007-5109
 Telephone: (202) 672-5426
 Facsimile: (202) 672-5399

By 

Glenn Law
 Attorney for Applicant
 Registration No. 34,371

